

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	(1)					
9	(2)					
10	(3)					
11	(4)					
12	(5)					
13	(6)					
14	(7)					
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48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	13	↓	↓	↓	↓	↓
TOTAL CLAIMS	18					

TOTAL IND.					
TOTAL DEP.		↓		↓	↓
TOTAL CLAIMS					

Best Available Copy